



## Child Support Enforcement

### APPLICATION FOR SERVICES

CS-ES51  
R. 11/02



I, the undersigned, hereby apply for child support enforcement services with the Department of Revenue, Child Support Enforcement Program (herein referred to as the department) in accordance with Title IV-D of the Social Security Act. I certify this request for assistance is for the purpose of securing, modifying, or enforcing financial and medical support and will not be used for any other purpose.

#### FULL CHILD SUPPORT ENFORCEMENT SERVICES

##### The department will:

- Provide services as applicable to include location, establishment of paternity, establishment of medical and financial support obligations, and enforcement, modification, collection, and distribution of the obligations;
- Conduct a complete and accurate evaluation of the support award amount as applicable to determine whether the best interest of the child(ren) is served by the support award amount staying the same, decreasing, or increasing and seeking a decrease or increase in the support order, as applicable, based upon the department's evaluation;

##### The applicant must agree to:

- Provide all available information and documentation requested at the time of application (complete reverse side of this form) and to immediately inform the department upon learning of new or changed information;
- Complete all documents as requested and required in the department's efforts to establish, modify, or enforce a support obligation and appear upon notice at the office of the local child support enforcement program or legal services provider, at judicial hearings, or at the contract laboratory for genetic testing;
- Recognize, acknowledge, authorize, and understand that in accordance with federal regulations, the department may be required to seek a modification of the support award to decrease or increase the support order based upon the department's case review and use of the Florida Child Support Guidelines;
- Voluntarily submit to the jurisdiction of the State of Florida.

- Cooperate fully with the department in all actions deemed necessary and waive any potential conflict of interest which may arise from departmental action taken on behalf of the child(ren); and
- Remit a \$25 non-refundable application fee by money order, cashier's check, or certified check. **Cash and personal checks are not accepted.**

This case may be closed by the applicant upon written notice to the department or by the department in writing to the applicant if the IV-D agency documents the circumstances of the applicant's noncooperation and an action by the applicant is essential for the next step in providing IV-D services.

#### LOCATION ONLY SERVICES

For requests for **location-only services**, the department agrees to initiate and maintain action to locate the non-custodial parent and to use all appropriate local, state, and federal location sources in accordance with 45 CFR 302.33 and Section 409.2577, Florida Statutes. The applicant agrees to provide all requested information available at the time of application, to immediately inform the department of any new or changed information, and to remit a non-refundable \$25 application fee for location-only services. A case for location-only services will be closed on written request of the applicant or after the department provides to the applicant the noncustodial parent's address or an employer where service of process may be effected. The department also will close a case after notifying the applicant that reasonable efforts to locate the noncustodial parent using local, state, and federal resources have failed. Reasonable efforts include, but are not limited to, one request submitted as appropriate to the Central Parent Locator system and/or to the Federal Parent Locator system.

I FULLY UNDERSTAND the services to be provided by the department, my responsibilities in the provision of the services, and the conditions under which my case may be closed. I also understand the attorney/client relationship exists only between the department and its contracted attorney. However, all information provided to the department and/or its contracted attorney pursuant to this case shall remain confidential and protected as if an attorney/client relationship existed between the contracted attorney and myself. Furthermore, if this case is closed, I understand that a new application and application fee will be required to reopen the case.

**I WISH TO APPLY FOR THE FOLLOWING SERVICES AND AGREE TO COOPERATE** fully with the department in their effort to provide (check one): ☐ location-only services ☐ full child support enforcement services on behalf of:

\_\_\_\_\_ against \_\_\_\_\_  
Child(ren) Noncustodial Parent(s)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Signature of Applicant Date Daytime Phone Number E-mail Address

**You also must complete the second page of this form.**

#: To be completed by CSE ☐ NA ☐ PA

Applicant is: ☐ Custodial Parent ☐ Noncustodial Parent

<b>I. Custodial Parent Information (CP)</b>										PLEASE PRINT	
What is your relationship to the children listed in section III?		<input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> legal guardian <input type="checkbox"/> other, specify _____									
If you are not the parent, give the names of the children's parents:		Mother			Father			When was custody obtained?			
CP Name (First, Middle, Last):					Social Security Number:			Race		Sex	
Mailing Address:					Date of Birth:			Other Legal Names Used:			
City:					Home Phone (include area code):			Best time to call:			
State/Zip Code:					Work Phone (include area code):			Best time to call:			
Was the mother married when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, to whom? _____ When? _____ Where (City/State)? _____ Divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Date: _____ Any other legal action pending?: <input type="checkbox"/> Yes <input type="checkbox"/> No											
I have a fear of family violence and would like to complete an affidavit attesting to that fact: <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>II. Noncustodial Parent (NCP) Information</b>										A separate form is required for each parent that is not in the home (NCP)	
NCP Name (First, Middle, Last):					Home Phone (include area code):			Work Phone (include area code):			
Address:					<input type="checkbox"/> Current <input type="checkbox"/> Last Known <input type="checkbox"/> Mailing <input type="checkbox"/> Residential (check all that apply)						
City:			Dates NCP in household: From: _____ To: _____ Where? (City/State): _____								
State/Zip Code:					Employer:						
NCP Social Security Number:			NCP Date of Birth:			Employer's Address:					
NCP Place of Birth:					Employer's City:			Employer's State/Zip Code:			
Race:		Sex:	Weight:	Height:	Hair:	Eyes:	Other Identifying Features:				
<b>III. Children for Whom Services are Requested</b>										List the children from the noncustodial parent identified in Section II.	
Child's Name/sex		Child #1 <input type="checkbox"/> M <input type="checkbox"/> F			Child #2 <input type="checkbox"/> M <input type="checkbox"/> F			Child #3: <input type="checkbox"/> M <input type="checkbox"/> F			
Social Security Number		_____ - _____ - _____			_____ - _____ - _____			_____ - _____ - _____			
Place of Conception (City/State)											
Place of Birth (City/State)											
Date of Birth (MM/DD/YY)		____/____/____			____/____/____			____/____/____			
Were the parents married when the child was born?		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Father signed birth certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
If other possible fathers list name(s) and complete another form:											
Support order entered for this child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Only			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Only			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Only			
Covered by NCP's medical insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please include copies of any paternity, divorce, or child support orders you may have involving the child(ren) for whom services are requested. If orders exist but you do not have copies, please give us the information to request these copies for you. To obtain copies we will need:											
County and state where the order was entered:					Approximate date:			Case number, if known:			
Please check one of the boxes below to show where the NCP is ordered to make child support payments: <input type="checkbox"/> Child support payments are made to the Clerk of Court <input type="checkbox"/> Child support payments are paid directly to me											

**Contact CSE Customer Service at 1-800-622-KIDS (5437) if you need assistance or visit our Website at**

<http://www.myflorida.com/dor/childsupport>